

	<h2 style="margin: 0;">Disenrollment Assessment</h2> <h3 style="margin: 0;">House of Correction</h3>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">▶ ESM Client ID:</div> <div style="border: 1px solid black; padding: 5px;">Provider ID:</div>
All Questions marked with a ▶ must be completed		Boxes marked with ★ = Refer to key at end of form
▶ <b>Disenrollment Date:</b> /     / <div style="text-align: center; font-size: x-small;">mm    dd    yyyy</div>		
▶ <b>Disenrollment Reason:</b> Select one <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Completed</div> <div style="width: 50%;"><input type="checkbox"/> Relapsed</div> <div style="width: 50%;"><input type="checkbox"/> Transferred to another HoC/prison/jail</div> <div style="width: 50%;"><input type="checkbox"/> Hospitalized, Mental Health</div> <div style="width: 50%;"><input type="checkbox"/> Drop Out</div> <div style="width: 50%;"><input type="checkbox"/> Administrative/non-compliant</div> <div style="width: 50%;"><input type="checkbox"/> Hospitalized, Medical</div> <div style="width: 50%;"><input type="checkbox"/> Deceased</div> </div>		
First Name:	M.I.	Last Name:     Suffix
▶ 1. Client Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	▶ 2. Intake/Clinician Initials: <input type="text"/> <input type="text"/> <input type="text"/>	
▶ 3. Client Type <input checked="" type="checkbox"/> Primary		
▶ 4. Discharge Plan    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No		▶ 5a. Referred to Self Help    1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No
▶ 5b. Frequency of attendance at self-help programs in the last 30 days or since Enrollment if in treatment less than 30 days. (e.g. AA,NA) <input type="text"/> <input type="text"/> ★		
▶ 6. Client referrals at Disenrollment     (referral #1 is required, referral #2 & 3 are optional) <span style="color: red;">See manual for what determines a referral.</span> <div style="display: flex; justify-content: space-around; font-size: small;"> Referral #1     <input type="text"/> <input type="text"/> ★     Referral #2     <input type="text"/> <input type="text"/> ★     Referral #3     <input type="text"/> <input type="text"/> ★ </div>		
▶ 7. Employment Status at Disenrollment <div style="display: flex; justify-content: space-between; font-size: small; padding: 5px;"> <div>1 <input type="checkbox"/> Working Full Time</div> <div>7 <input type="checkbox"/> Not in Labor Force Disabled</div> <div>10 <input type="checkbox"/> Not in Labor Force Incarcerated</div> </div> <div style="display: flex; justify-content: space-between; font-size: small; padding: 5px;"> <div>2 <input type="checkbox"/> Working Part Time</div> <div>9 <input type="checkbox"/> Not in Labor Force Other</div> <div>99 <input type="checkbox"/> Unknown</div> </div>		
▶ 8. Number of days worked in the past 30 days or since Enrollment if in treatment less than thirty 30 days. <input type="text"/> <input type="text"/> <span style="color: red;">If Unknown use 99.</span>		
▶ 9. Number of arrests in the last 30 days or since Enrollment if in treatment less than 30 days. <input type="text"/> (Section 35 is not an arrest, it is a civil commitment.)		
▶ 10. Indicate the Social or Health Service provided to clients during treatment – While in your Program. (enter a code 0,1,2 or 3 for each category)		
0 = Not Provided     1= Provided by Your Agency     2 = Provided by Another Agency     3 = Provided by Both Your Agency and Another Agency		
Legal Aid Services (e.g. Assistance with Court Issues)	Medication for Emotional Problems (i.e. Psychotropic Medication )	Literacy Services
Drug Screening (e.g. urine testing)	Housing Perm/trans Housing not Tx	English as a 2 <sup>nd</sup> Language
Treatment for Medical Problems	GED	Job Placement/Referral (e.g. Resume writing instruction)
Treatment for Emotional Problems Mental Health not Addiction Issues	Vocational Training (e.g. Nurses' aid certification)	Financial Counseling (e.g. Balance a checkbook)
Nicotine Replacement Therapy (e.g. Patch, Gum)	Family Planning (e.g. Birth Control Education)	Prenatal Care
Medication for Medical Problems	Child Care	Post-partum Care Immediately after birth to 1 year
Medication for Withdrawal Not comfort meds (e.g. Tylenol)		Medication for Withdrawal Not comfort meds (e.g. Tylenol)
TB Testing Not screening or assessment (e.g. a mantoux test is TB testing)		TB Testing Not screening or assessment (e.g. a mantoux test is TB testing)
TB Treatment Medication		TB Treatment Medication
STD/STI, HIV, Hep C Testing Not screening or assessment		STD/STI, HIV, Hep C Testing Not screening or assessment
STD/STI, HIV, Hep C Treatment Medication		STD/STI, HIV, Hep C Treatment Medication
Parenting Classes		Parenting Classes
Medication-Assisted Treatment i.e. Methadone, Buprenorphine (e.g. Suboxone), Injectable Naltrexone (e.g. Vivitrol)		

<p>► <b>11. Currently receiving services from a state agency:</b> (Check if the client is set up to receive these services at discharge.) Check all that apply.</p>			
<input type="checkbox"/> None	<input type="checkbox"/> DDS: Dept. Developmental Svcs (former DMR)	<input type="checkbox"/> MCB: Mass Comm. for the Blind	
<input type="checkbox"/> DCF: Dept. Children and Families	<input type="checkbox"/> DPH: e.g. HIV, WIC not substance abuse svcs.	<input type="checkbox"/> MCDHH: Mass Comm. Deaf & Hard of Hearing	
<input type="checkbox"/> MPB: Mass Parole Board	<input type="checkbox"/> DTA: Food stamps, TANF	<input type="checkbox"/> Other	
<input type="checkbox"/> OCP: Office of Commissioner of Probation	<input type="checkbox"/> DMA: MassHealth		
<input type="checkbox"/> DMH: Dept. Mental Health	<input type="checkbox"/> MRC: Mass Rehabilitation Comm.		

<p>► <b>12. Living arrangement at Disenrollment:</b> (Check one)</p>			
<input type="checkbox"/> House or apartment	<input type="checkbox"/> Institution	<input type="checkbox"/> Shelter/mission	<input type="checkbox"/> Refused
<input type="checkbox"/> Room/boardings or sober house	<input type="checkbox"/> Group home/Treatment	<input type="checkbox"/> On the streets	<input type="checkbox"/> Unknown

<p>► <b>H1. Was the client homeless at Intake/Enrollment (whether or not chronic)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><i>If the answer to Q H1 is 'Yes', Question H2 and H3 are required. If the answer to H1 is 'No', skip to Question 13</i></p>	
<p><b>H2. Detailed living arrangement at Disenrollment</b> <input style="width: 50px;" type="text"/> ★</p>	
<p><b>H3. Permanence Of living situation at Disenrollment*</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Transitional <input type="checkbox"/> Refused <input type="checkbox"/> Unknown</p>	

<p>► <b>13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q 13 is 'No', skip to Q 17</b></p>	
<p><b>If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. Rank substances by entering the corresponding letter on the next page – letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.)</b></p>	
<p>Also, please report <b>Frequency of Use</b> in the last 30 days or since Enrollment if in treatment less than 30 days, and <b>Route of Administration</b> for each substance reported. For these fields, enter corresponding code from list on next page.</p>	

14a. Primary Substance <input style="width: 30px;" type="text"/>	14b. Frequency of Use <input style="width: 30px;" type="text"/>	14c. Route of Administration <input style="width: 30px;" type="text"/>
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<p>15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
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15a. Secondary Substance <input style="width: 30px;" type="text"/>	15b. Frequency of Use <input style="width: 30px;" type="text"/>	15c. Route of Administration <input style="width: 30px;" type="text"/>
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<p>16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
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16a. Tertiary Substance <input style="width: 30px;" type="text"/>	16b. Frequency of Use <input style="width: 30px;" type="text"/>	16c. Route of Administration <input style="width: 30px;" type="text"/>
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<p>► <b>17a. Did the client use Nicotine/Tobacco since Enrollment</b> <input checked="" type="checkbox"/> No</p>	
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★ Questions 14a – 16c			
★ Primary/Secondary/Tertiary Substance Codes		★ Frequency of Use	
A	Alcohol	K	Other Amphetamines
B	Cocaine	L	Other Stimulants
C	Crack	M	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
E	Heroin	O	Barbiturates
F	Prescribed Opiates	P	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
H	PCP	R	Over the Counter
I	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other
		★ Route of Administration	
1	Oral (swallow and/or chewing)		
2	Smoking		
3	Inhalation		
4	Injection		
5	Other		